



## KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAM (C.A.P.) OFFICE

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-6623 x4162 Fax: (906) 353-4141

### TRIBAL DISABILITY PENSION (TDP) CASH BENEFITS APPLICATION:

KBIC MEMBERS AGE 18 AND OVER, WHO ARE RECEIVING SOCIAL SECURITY DISABILITY, OR OTHER PERMANENT LONG-TERM DISABILITY AND WHO ALSO MEET THE ELIGIBILITY CRITERIA AND MUST RESIDE IN BARAGA COUNTY OR ON MARQUETTE TRUST PROPERTY

☐ **CHANGE ADDRESS**    ☐ **CHANGE PAYMENT OPTION**    ☐ **CHANGE BOTH**

Application (Today's) Date: \_\_\_\_\_ KBIC Enrollment No.: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE fill out both address sections in full (where applicable):**

Physical Address of Primary Residence: \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing Address: (If different than Physical): \_\_\_\_\_  
STREET CITY STATE ZIP

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Primary: **Land Line/Cell** (Circle One) Secondary: **Land Line/Cell** (Circle One)

#### OTHER HOUSEHOLD MEMBERS INFORMATION (Use Additional Sheet if Needed)

LAST Name	FIRST Name	Middle Initial	DOB	AGE	KBIC Id #

**Please choose one of the following options:**

- ☐ I choose to receive the Tribal Disability Pension check monthly.  
☐ I choose to receive the Tribal Disability Pension check every three (3) months.  
☐ I choose to receive the Tribal Disability Pension check every six (6) months.  
☐ I choose to receive the Tribal Disability Pension check once a year.  
*Best option for Social Security recipients. Your payment option [choice] may only be changed once per calendar year.*

#### Checklist:

- ☐ Copy of current documentation of disability benefits  
☐ I would like to meet with the Tribal Attorney for more information.  
*Please call (906) 353-6623 ext. 4107 to schedule an appointment.*  
☐ COPY OF CURRENT TRIBAL ID (YOURSELF and ALL KBIC Household Members)  
☐ COPY OF YOUR CURRENT INCOME  
*To comply with the Keweenaw Bay Indian Community AMENDED AND RESTATED TRIBAL ELDERS AND DISABILITY PENSION TRUST*

## **HEATING ASSISTANCE PROGRAM**

(PLEASE Read Guidelines on Next Page)

Are you interested in receiving heating assistance? ☐ YES ☐ NO

*If you checked yes, include a copy of your most recent gas bill.*

I hereby certify that all of the information in this application are true, correct, and complete to the best of my knowledge. I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

I understand that failure to provide all necessary information and documentation can result in denial of my application. I also acknowledge that I will only submit bills for payment that are allowable under the program (Primary Residence ONLY).

I hereby authorize the release of information by the appropriate agencies (e.g. income sources, heating vendors, landlords); (i.e. Ojibwa Housing Authority, Social Security Administration, Veterans Administration, Baraga and Marquette County DHS) to the Keweenaw Bay Indian Community.

I also understand that an inquiry of my last twelve (12) monthly heating billing statements may be made to the appropriate heating vendor to verify that I/My Spouse are the responsible party for the heating bill at our primary residence, year round.

I FURTHER UNDERSTAND THAT IF FRAUDULENT BILLING STATEMENTS ARE SUBMITTED, I WILL BE INELIGIBLE TO RECEIVE HEATING ASSISTANCE FOR THE BALANCE OF THE HEATING SEASON FOR THE FISCAL PERIOD.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**PLEASE RETURN THIS FORM TO THE CAP OFFICE AT THE TRIBAL CENTER.**

*DISPUTES AS TO ELIGIBILITY*

*All disputes as to the eligibility of an individual to receive payments from the Tribal Elders and Disability Pension Trust shall be determined in the first instance by the Benefits Coordinator. An adverse decision of the Benefits Coordinator as to such eligibility of an individual may be appealed to the Tribal Council.*



## TRIBAL DISABILITY PENSION (TDP) Heating Assistance Program GUIDELINES

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### **FUNDING:**

The Tribal Disability Pension (TDP) Heating Assistance Program funding comes from KBIC's general fund and is set aside for this program by the Tribal Council.

### **ELIGIBILITY:**

The applicant must be an enrolled KBIC member, age 18 years or older; Head of Household; must receive Social Security Disability or other long-term disability payments on a monthly basis; live in Baraga County or on Marquette County Trust Land; and submit a current disability determination award statement from the disability funding source along with the heating assistance application.

### **GENERAL RULES:**

Heating assistance payments are **ONLY** made for actual heat usage from November 1 through May 31. Any serviced or delivered fuel prior to November 1 or after May 31 will be the applicant's sole responsibility to pay. The applicant or their spouse must be personally, financially, and legally be responsible for the heating bill and/or rental payment and maintain such responsibility for their primary residence throughout the entire year.

The heating assistance program will **ONLY** pay to heat the applicant's primary residence, year round, within the service area. All other payment requests for bills submitted for any other building other than the primary residence will be denied. Payment assistance is available for those applicants that have heat included in their monthly rent. They are eligible for payments up to \$100.00 per month. A written statement from the landlord, including their name and address and company name (if applicable) is required along with the rental amount. It **MUST** also state that the heat is included in the rent. Heating costs or rental assistance for those persons who migrate to another location other than their primary residence within the service area, **WILL NOT** be paid. **EXCEPTION: HEALTH-** Applicants **MUST** provide written documentation from their primary care physician stating their medical condition and reason that they must temporarily leave the service area as a medical benefit to their health.

### **HEATING BILLS:**

All bills should be submitted at least seven (7) working days before the due date. This ensures timely payments. It is the applicant's responsibility to pay any late fees; to submit their own bills every month, including late bills; and obtaining old billing statements.

Only current charges will be paid through this program. If the bill shows a credit a payment will not be made on your behalf.

Deposits, past due charges, disconnects, shut-off notices, arrearages, service fees, finance charges, or any other charges determined ineligible through the heating program **WILL NOT** be paid.

Each vendor has a different billing procedure, so payments will vary.

If your primary heat service is electric, we only pay the heating portion of the bill. All other costs (e.g. water and sewer) are the applicant's responsibility to pay.

Payments will be made directly to your heating company, vendor, or landlord.

No reimbursements will be paid directly to **ANY** individuals.

*NOTE: Participation in this program is strictly voluntary, provided you are eligible. If the payments to your heating vendor or landlord affect your Social Security, Medicare or Medicaid eligibility, only **YOU** can decide whether or not to utilize the program.*

**PROGRAM CONTACT:** Phone (906) 353-4162

Sue Ellen Elmlad, *CAP Administrator*

16429 Beartown Road

Baraga, MI 49908